

SEC Mail Processing Section

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

MAY 12 Z008

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL

OMB Number: 3235-0076

Expires: April 30, 2008

Estimated average burden hours per response .............................. 16.00

SEC USE ONLY								
Prefix	Serial							
DATE RECEIVED								

Name of Offering ( check if this is an amendment and name has changed, and indicate change.) 2008 Merrill Lynch Merchant Banking Fund International, L.P.		
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ■ Rule 506 ☐ Sect	ion 4(6) ULOE	
Type of Filing: ■ New Filing □ Amendment		
A. BASIC IDENTIFICATION D	)ATA	
Enter the information requested about the issuer		
Name of Issuer (I check if this is an amendment and name has changed, and indicate change.) 2008 Merrill Lynch Merchant Banking Fund International, L.P. (the "Fund")		I A A A A A A A A A A A A A A A A A A A
Address of Executive Offices (Number and Street, City, State, Zip Code) c/o Merrill Lynch Global Private Equity, 4 World Financial Center, 23rd Floor, New York, NY 10080	Telephone Number (Inclu- 212 449-9853	
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Inclu-	08048314
Brief Description of Business		
Investments.		
Type of Business Organization	7	PROCESSED
☐ corporation ☐ limited partnership, already formed ☐ other (please specify)	): <del>1</del>	
U business trust U limited partnership, to be formed		MAY 2.02008
Month Year		W. 11-10-0 C000
Actual or Estimated Date of Incorporation or Organization: 0 2 0 8	■ Actual © Estimated	THOMSON REUTERS
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for S CN for Canada; FN for other foreign jurisdiction)	State: F N	THOMAS AND THE STATE OF THE STA

#### GENERAL INSTRUCTIONS

#### Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

# ORM D

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	0 Promoter	Beneficial Owner	☐ Executive Officer	Director	■ General and/or Managing Partner
· / · · · ·					
Full Name (Last name first, if ML MBF GP, Ltd (the "Gener	,				
Business or Residence Address c/o Merrill Lynch Global Priva			r, New York, NY 10080		
Check Box(es) that Apply:	Promoter	Beneficial Owner	■ Executive Officer*	■ Director*	General and/or Managing Partner
Full Name (Last name first, if Thorne, Nathan C.	individual)		<del></del>		
Business or Residence Addres c/o Merrill Lynch Global Priva			r, New York, NY 10080		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	■ Executive Officer*	■ Director*	General and/or Managing Partner
Full Name (Last name first, if Puri, Mandakini	individual)	_			
Business or Residence Addres c/o Merrill Lynch Global Prive			r, New York, NY 10080		
Check Box(es) that Apply:	□ Promoter	Beneficial Owner	■ Executive Officer*	■ Director*	General and/or Managing Partner
Full Name (Last name first, if Bitar, George A.	individual)				
Business or Residence Addres c/o Merrill Lynch Global Priva			or, New York, NY 10080		
Check Box(es) that Apply:	Promoter	Beneficial Owner	■ Executive Officer*	■ Director*	General and/or Managing Partner
Full Name (Last name first, if End, Robert F.	individual)				
Business or Residence Addres c/o Merrill Lynch Global Priva			or, New York, NY 10080		
Check Box(es) that Apply:	Promoter	Beneficial Owner	■ Executive Officer*	Director	General and/or Managing Partner
Full Name (Last name first, if Meshberg, Jeffrey A.	individual)				
Business or Residence Addres c/o Merrill Lynch Global Prive			ог, New York, NY 10080		
Check Box(es) that Apply:	D Promoter	Beneficial Owner	■ Executive Officer*	Director	General and/or Managing Partner
Full Name (Last name first, it Marinaro, Frank J.	individual)				
Business or Residence Addres c/o Merrill Lynch Global Priv			or, New York, NY 10080		

\* of the General Partner.

#### A. BASIC IDENTIFICATION DATA

- Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

<b>3</b>	C D.	•			
Check Box(es) that Apply:	■ Promoter	Beneficial Owner	☐ Executive Officer	D Director	General and/or Managing Partner
Full Name (Last name first, if Merrill Lynch & Co., Inc.	individual)				
Business or Residence Address 4 World Financial Center, 23rd					
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	s (Number and Stre	eet, City, State, Zip Code)			
Check Box(es) that Apply:	O Promoter	Beneficial Owner	D Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)			·	
Business or Residence Address	s (Number and Str	cet, City, State, Zip Code)		<del>- · · · · · · · · · · · · · · · · · · ·</del>	
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	D General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	s (Number and Str	eet, City, State, Zip Code)			
Check Box(es) that Apply:	D Promoter	Beneficial Owner	D Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	s (Number and Str	eet, City, State, Zip Code)			
Check Box(es) that Apply:	O Promoter	Beneficial Owner	Executive Officer	D Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	s (Number and Str	eet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	1 Director	General and/or Managing Partner
Full Name (Last name first, if	individual)			<del></del> .	
Business or Residence Addres	s (Number and Str	eet, City, State, Zip Code)		<del> </del>	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	· · · ·	<del></del>			B. INFO	DRMATIO	N ABOUT	OFFERI	(G		···		3/ 21
1. Has the	issuer sold	or does the	: issuer inte	nd to sell to	o non-accre	dited inves	tors in this	offering?					Yes No ■
i. Tius tile	issuer solu,	or does me	, issuel line	•	wer also in			Ü		***************************************	***************************************	*****************	<del>-</del>
2. What is	the minimu	ım investm	ent that will					-					\$250,000*
The Genera													Yes No
			•										
		_	•									ilar remuner	
solicitat registere	ion of purcl	hasers in co SEC and/or	nnection w	ith sales of e or states,	securities in	the offerine of the bro	ng. If a pers oker or deal	on to be lis	ted is an as:	sociated per	rson or ager	it of a broke	
ull Name (I	ast name fi	irst, if indiv	idual)				·		·				•
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usiness or R	lesidence A	ddress (Nu	mber and So	treet, City,	State, Zip C	ode)							
Vame of Asso	ociated Bro	ker or Deal	ег	<del> </del>									
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tates in Whi													
(Check	"All States"	or check in	ndividual S	tates)							***************		All States
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ull Name (L		rst, if indivi	dual)		· · · · · ·			<del></del>	<del></del>		<del></del>		
Business or R	lesidence A	ddress (Nu	mber and Si	treet, City,	State, Zip C	Code)					<del>, ,</del>		
lame of Asso	ociated Bro	ker or Deal	er							_ ,			<u>.</u>
tates in Whi	ch Person I	isted Has S	Solicited or	Intends to S	Solicit Purc	hasers			<del></del> .				
(Check	"All States'	or check i	ndividual S	tates)	*****************		***************************************	************	************				All States
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[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
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ull Name (I	ast name fi	irst, if indiv	ridual)										
Business or R	Residence A	ddress (Nu	imber and S	street, City.	State, Zip (	Code)							
		`			•	,							
Name of Ass	ociated Bro	ker or Deal	er		·								
tates in Whi									<u></u>				
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Aggregate Amount Already Offering Price Sold Debt ..... \$0 Equity Common Preferred Convertible Securities (including warrants) \$0 Partnership Interests \$5,450,000\*\_\_\_\_ \$5,450,000 \$0 Total ..... \$5,450,000\*\_\_\_\_ \$5,450,000 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number Investors of Purchases Accredited Investors \$5,450,000 Non-accredited Investors Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Security Sold Type of offering Rule 505..... Regulation A Rule 504..... Total ..... a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees

<sup>\*</sup> The General Partner may accept additional or lesser amounts. The General Partner will have the right in connection with any investment to direct the capital contributions of some or all of the partners to be made through one or more alternative investment vehicles. / \*\* The Fund will bear all legal and other expenses incurred in the formation of the Fund and the offering of the interests, up to an amount not to exceed 0.5% of capital commitments. Organizational expenses in excess of this amount will be paid by the General Partner.

_	C. OFFERING PRICE. NUMBER	R OF INVESTORS, EXPENSES AND US	E OF PROCEEDS					
b.	Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."  \$5,422,750							
5.	Indicate below the amount of the adjusted gross proceeds to the is amount for any purpose is not known, furnish an estimate and ch must equal the adjusted gross proceeds to the issuer set forth in re-							
			Payments to Officers, Directors, & Affiliates	Payments To Others				
	Salaries and fees		\$	\$				
	Purchase of real estate		\$	\$				
	Purchase, rental or leasing and installation of machinery and e	equipment	\$	\$				
	Construction or leasing of plant buildings and facilities		\$	\$				
	Acquisition of other businesses (including the value of securit used in exchange for the assets or securities of another issuer		\$	\$				
	Repayment of indebtedness		\$	\$				
	Working capital		\$	\$				
	Other (specify): Investments in 2008 Merrill Lynch Merchant	Banking Fund, L.P. and related costs	<b>\$</b> 5,422,750	\$				
		\$	\$					
	Column Totals	<b>\$5,422,750</b>	\$					
	Total Payments Listed (columns totals added)		■ \$5	,422,750				
_	r	), FEDERAL SIGNATURE						
an	ne issuer has duly caused this notice to be signed by the undersigned undertaking by the issuer to furnish to the U.S. Securities and Exchin-accredited investor pursuant to paragraph (b)(2) of Rule 502.	duly authorized person. If this notice is filed						
	suer (Print or Type) 108 Merrill Lynch Merchant Banking Fund International, L.P.	Signatura Sunta, PMastle	Date 5	7-2008				
	ame of Signer (Print or Type)	Title of Signer (Print or Type)						
	ouglas P. Madden	Assistant Secretary of ML MBF GP, Ltd, the general partner of 2008 Merrill Lynch Merchant Banking Fund International, L.P.						

**END** 

### **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)